

Please type a plus sign (+) inside this box -> +

PTO/SE/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains

#### **Attorney Docket Number** JAB 1415-PCT-USA **DECLARATION FOR UTILITY OR** Contreras, Roland Henri **First Named Inventor DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) **Application Number** Filing Date ☑ Declaration □ Declaration OR Submitted Submitted after Initial Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name** required)

As a below named inver	itor, I hereby declare that:				
My residence, post office	address, and citizenship are	as stated below next to my	name.		
	first and sole inventor (if only fithe subject matter which is				
DRUG TARGET	S IN CANDIDA AL	BICANS			
the specification of which	( ) 1116	e of the Invention)			
is attached hereto				•	
	08/16/1999	as Unite	d States Applica	tion Number or	PCT International
Application Number PC	T/EP99/05991 and wa	as amended on (MM/DD/Y	YYY) <u>02/0</u>	4/2000	(if applicable).
	eviewed and understand the		tified specificatio	n, including the	claims, as
			defined in 27 CE	D 1 66	
acknowledge the duty to t	disclose information which is	material to pateritability as	denned in 37 Cr	H 1.50.	
certificate, or 365(a) of any America, listed below and ha	ity benefits under 35 U.S.C. PCT international application ave also identified below, by a application having a filing date	n which designated at lea	ist one country	other than the l	United States of ntor's certificate.
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	opy Attached? NO
9817796.7	GB	08/14/1998		П	
98310694.9	EP	12/23/1998			ă
30310034.3	<b>C</b> .	12/20/1000			
	ation numbers are listed on a				reto:
I hereby claim the benefit t	under 35 U.S.C. 119(e) of an	y United States provisional	application(s) lis	ted below.	
Application Number	(s) Filing Date	(MM/DD/YYYY)			
			Addition Addition	onal provision	al application
	1			ers are listed o	
				mental priorit B/02B attach	
			110/0	LI JED anath	ea neleto.

[Page 1 of 2]



Please type a plus sign (+)	inside this box - +
-----------------------------	---------------------

PTO/SB/01 (12-97)
us sign (+) inside this box 

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

### **DECLARATION** — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.												
		rent Application Number	or PCT					Filing Date	1	Pare	ent Patent I	
		Number.					WW.D.	Difff <sub>j</sub>	-		(if applical	<u> </u>
						İ						
		PCT international app										
As a named inv	/entor, I I	hereby appoint the fol connected therewith:	lowing rec	gistered pr	ractitioner(s	s) to pr	osecute	a this applicati	on and to	transa		
and man	· Onno L	Jiliaciao meron	OR						—→	.	Place Custo Number Bar	Code
						name/	registra	ation number li	sted below	<u>, L</u>	Label he	
	Nam	<u>ne</u>		Regist Num	tration nber		l	Nan	ne			stration imber
				_		Ц	/licha	ael Stark			32,495	
Steven F				24	,772	1	Ell	len C. Co	letti		34	1,140
Andrea L	Colt	эy		30,1	94		Mar	у А. Арро	ollina		34,	087
Additional	registere	d practitioner(s) nam	practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.								eto.	
	orrespondence to: Customer Number or Bar Code Label  OR X Correspondence address below											
Name	Pł	nilip S. Johnsc	lip S. Johnson									
Address		hnson & John										
Address		ne Johnson &	<del></del>	on Pla	za	<del></del>	<del></del>		<del></del>			
City		ew Brunswick				St	ate	NJ	ZIP	08	8933-7003	3
Country	Us	SA		Telephon	<sub>10</sub> (732	2) 52	24-23	59	Fax	(7	32) 524-2	808
punishable by	fine or in	all statements made had further that these s in further that these s imprisonment, or both this tissued thereon.	statements	ts were m:	iade with th	he knov	wiedae	i that willful fal	lse statem	etnar	and the like er	o made are
Name of Sc	ole or f	First Inventor:				□ A	petitic	on has been	filed for t	his u	ınsigned inve	ntor
		me (first and middle	e [if any]	)					v Name o	r Su	mame	
FF	₹oland	d Henri							treras			
Inventor's Signature			6.0								Date	
Residence: C	lity	9000 Gent		State		Cc	ountry	Belgiu	m		Citizenship	BE
Post Office Ac	ddress	c/o Univers	ity of C	Sent, K	(.L. Led	lega	ncks	traat 35, I	B-9000	) Ge	ent, Belgiu	ım
Post Office A	ddress											
		e/Merelbeke <sub>ta</sub>			ZIP	$\perp$	982	20	Count	ry	Belgi	ium
Additional	invento	ors are being name	d on the	sur	plementa	ıl Addi	itional 1	Inventor(s) s	heet(s) F	PTO/S	SB/02A attac	hed hereto

Please type a plus sign (+) inside this box  $\longrightarrow$  +

**DECLARATION FOR UTILITY OR** 

**DESIGN** 

PATENT APPLICATION

JAB 1415-PCT-USA

Contreras, Roland Henri

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

COMPLETE IF KNOWN

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

First Named Inventor

(37 CF	R 1.63)	Application Number						
91	<b>—</b>	Filing Date						
Submitted OR	Declaration Submitted after Initi	al Group Art Unit						
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name						
-								
As a below named inver	ntor, I hereby declare that:							
My residence, post office	address, and citizenship are a	as stated below next to my	пате.					
	, first and sole inventor (if only If the subject matter which is o							
DRUG TARGET	rs in candida al	BICANS						
the specification of which is attached hereto OR was filed on (MM/D	( / / //	of the Invention)	d States Applica	tion Number or P	CT International			
Application Number PC			<u> </u>	4/2000	(if applicable).			
<del></del>	eviewed and understand the	is amended on (MM/DD/Y)	,		' ' '			
amended by any amendme	ent specifically referred to abo	ve.		,				
I acknowledge the duty to	disclose information which is a	naterial to patentability as	defined in 37 CF	FR 1.56.				
certificate, or 365(a) of any America, listed below and hi	ity benefits under 35 U.S.C. PCT international applicatio ave also identified below, by c application having a filing date	n which designated at lea thecking the box, any forei	st one country on application for	other than the Up or patent or invent	nited States of			
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop	y Attached? NO			
9817796.7	GB	08/14/1998						
98310694.9	EP	12/23/1998	000					
	ation numbers are listed on a				oto:			
	under 35 U.S.C. 119(e) of any		application(s) lis	sted below.				
Application Number	′(s)   Filing Date	(MM/DD/YYYY)						

Please type a plus sign (+) inside this box ->

PTO/SB/02A (3-97)
sign (+) inside this box 

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

#### **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>

Name of Addition	nal Joint Inventor, if an	y:			A petitio	on has been file	ed for t	his unsig	ned inv	rentor
Given Na	me (first and middle [if any])					Family Na	me or	Sumame		
Jasm	nine Elza				Via	ene				
inventor's Signature								Date	,	
Residence: City	Gent	State			Country	Belgium		Citizen	ship	BE
Post Office Address	c/o University of	Gent,	K.L. L	ede	gancks	straat 35, B	-900	0 Gent	, Belg	jium
Post Office Address										
City	Varsenare	State			ZIP	8490	Count	, Be	lgium	1
Name of Addition	nal Joint Inventor, if an	y:			A petitio	n has been file	d for t	his unsig	ned inv	entor
Given Na	me (first and middle [if any])					Family Na	me or	Sumame		
Marc	George					Logghe				
inventor's Signature				•		-		Da	ite	
Residence: City	Gent	State			Country	Belgiur	n	Citize	nship	BE
Post Office Address	c/o University of (	Gent, I	K.L. Le	edeg	ancks	traat 35, B-	9000	Gent,	Belg	ium
Post Office Address										
City	StDenijs-Westrem	State			ZIP	9051	Cou	ntry	Ве	elgium
Name of Addition	nal Joint Inventor, if any	<i>y</i> :			A petitio	n has been file	d for t	his unsig	ned inv	entor
Given Na	me (first and middle [if any])				:	Family Na	me or	Sumame		
										_
Inventor's Signature								Da	ite	
Residence: City		State			Country			Citize	nship	
Post Office Address										
Post Office Address					· ·	·				
City		State			ZIP			Country		

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

#### **DECLARATION**

# ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

		_										
Name of Addition	nal Joint Inventor, if a	ny:			A petitio	n has been file	d for th	is unsigi	ned inv	entor		
Given Na	me (first and middle (if any	1))		Family Name or Sumame								
Bart J	ozef Maria			Nelissen								
Inventor's Signature								Date				
Residence: City	Beerse	State			Country	Belgium		Citizens	hip	BE		
Post Office Address	c/o Janssen Phar	maceut	ica N	.V.,	Turnho	utseweg 30	), B-2	340 B	eerse	e, Belgium		
Post Office Address	·							_				
City	Meerhout 	State			ZIP	2450	Country	Ве	Belgium			
Name of Addition	nal Joint Inventor, if ar	ıy:		A petition has been filed for this unsigned inventor								
Given Nar	me (first and middle (if any		Family Name or Sumame									
Mariann	e Denise				De Backe	er						
Inventor's Signature								Da	ite			
Residence: City	Beerse	State			Country	Belgium		Citize	nship	BE		
Post Office Address	c/o Janssen Pha	rmaceu	ıtica N	۱.V.,	Turnh	outseweg 3	0, B-	2340 E	Beers	se, Belgiur		
Post Office Address												
City	San Diego	State	С	A	ZIP	92122	Cour	itry	U	SA		
Name of Addition	nal Joint Inventor, if ar	ny:			A petitio	n has been file	d for th	is unsigr	ned inv	rentor		
Given Na	me (first and middle (if any	])				Family Nar	ne or S	Sumame				
Walter	Herman Maria Lou	is				Luyten			_			
inventor's Signature	Date											
Residence: City	Beerse	State Country Belgium Cittzenship BE							BE			
Post Office Address	c/o Janssen Phar	maceu	ica N	.V., <sup>-</sup>	Turnho	utseweg 30	), B-2	340 B	eerse	e, Belgium		
Post Office Address												
City	Turnhout	State			ZIP	2300	c	ountry	В	elgium		

Please type a plus sign (+) inside this box  $\rightarrow$ 

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

#### **DECLARATION FOR UTILITY OR DESIGN** PATENT APPLICATION (37 CFR 1.63)

☑ Declaration Submitted with Initial Filing

□ Declaration OR

As a below named inventor, I hereby declare that:

Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Num	nber	JAB 1415-PCT-USA
First Named Inventor		Contreras, Roland Henri
COMPLE	TE I	KNOWN
Application Number		/
Filing Date		
Group Art Unit		
Examiner Name		

My residence, post office	address, and citizenship are	as stated below next to my	name.		
	first and sole inventor (if only f the subject matter which is o				
·	S IN CANDIDA AL				
the specification of which is attached hereto	(7100	e of the Invention)			
	08/16/1999	as United	d States Applica	tion Number or PCT li	nternational
Application Number PC	T/EP99/05991 and wa	as amended on (MM/DD/Y)	yyy) <u>02/0</u>	4/2000 (if	applicable).
I hereby state that I have re amended by any amendme	eviewed and understand the cent specifically referred to abo	contents of the above ident ove.	tified specificatio	n, including the claims	s, as
I acknowledge the duty to d	disclose information which is i	material to patentability as	defined in 37 CF	FR 1.56.	
certificate, or 365(a) of any America, listed below and ha	ity benefits under 35 U.S.C. PCT international applicatio ave also identified below, by c application having a filing date	n which designated at least checking the box, any foreign	st one country of gn application for	other than the United or patent or inventor's	States of
Prior Foreign Application		Foreign Filing Date	Priority	0	
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	Certified Copy A	ttached?
Number(s) 9817796.7	Country GB				
		(MM/DD/YYYY)			
9817796.7 98310694.9	GB	(MM/DD/YYYY) 08/14/1998 12/23/1998	Not Claimed	YES !	
9817796.7 98310694.9  Additional foreign applications thereby claim the benefit of	GB EP ation numbers are listed on a under 35 U.S.C. 119(e) of any	(MM/DD/YYYY) 08/14/1998 12/23/1998 supplemental priority data	Not Claimed	YES	
9817796.7 98310694.9 □ Additional foreign applica	GB EP ation numbers are listed on a under 35 U.S.C. 119(e) of any	(MM/DD/YYYY) 08/14/1998 12/23/1998 supplemental priority data	sheet PTO/SB/C application(s) lis	YES	polication a sheet



Please type a plus sign (+) inside this box -

PTO/SB/01 (12-97)

us sign (+) inside this box 

Approved for use through 9/30/00. OMB 0851-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

### **DECLARATION** — Utility or Design Patent Application

United States of United States of information who	of Americ or PCT in ich is ma	fit under 35 U.S.C. 120 ca, listed below and, in: ternational application in terial to patentability as international filing date	sofar as the sub the manner pro defined in 37 C	ject matter ovided by the FR 1.56 wh	of each of first para	the o	claims of thin of 35 U.S.C	is applicat C. 112, I a	tion is i	not disclosed edge the duty	in the prior to disclose
U.	S. Pare	ent Application or Number	PCT Parent		Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)		
<u>-</u> .							<u>-</u>				
				l							
☐ Additional	U.S. or F	PCT international applica	ation numbers ar	e listed on a	suppleme	ental p	priority data	sheet PT0	O/SB/02	2B attached h	ereto.
As a named inv	entor, i h	ereby appoint the follow ennected therewith:	ring registered pr	ractitioner(s)	to prosec	ute th	nis applicatio	n and to t	ransact	all business Place Custo	
and mademark	Onico Co	Innociae alerewani.	Customer Num	per				<b>→</b>		Number Bar	Code
			Registered pra		ame/regis	tratio	n number lis	ted below		Label he	stration
	Nam	е	Regist Num				Nam	e			mber
					Micl	nae	l Stark			\$2,495	
Steven P	. Berr	nan	24	,772		Ellei	n C. Col	letti		34	,140
Andrea L	Colb	у	30,1	94	M	Mary A. Appollina				34,0	087
Additional r	egistered	practitioner(s) named	on supplemental	Registered	Practition	er Info	ormation she	et PTO/S	B/02C	attached here	ito.
Direct all correspondence to: Customer Number or Bar Code Label								ress below			
Name	Ph	ilip S. Johnson								_	
Address	Jo	hnson & Johnso	on								
Address	Or	ie Johnson & Jo	hnson Pla	za							
City	Ne	ew Brunswick			State		NJ	ZIP	08	933-700	3
Country	US	SA	Telephor	<sub>ne</sub> (732	) 524-2	235	9	Fax	(73	2) 524-2	808
believed to be punishable by	true; and fine or in	I statements made her I further that these sta nprisonment, or both, u t issued thereon.	tements were m	ade with th	e knowled	ige th	at willful fal	lse statem	rents a	nd the like so	o made are
Name of So	ole or F	irst Inventor:			☐ A pe	tition	has been	filed for	this un	signed inve	ntor
Gi	ven Nar	ne (first and middle [	if any])					/ Name o	or Surr	name	
. F	Roland	d Henri					Conf	treras			
Inventor's Signature										Date	
Residence: C	ity	9000 Gent	State		Count	лу	Belgiu	m		Citizenship	BE
Post Office A	ddress	c/o University	K.L. Led	eganc	kstr	aat 35,	B-9000	) Gei	nt, Belgiu	ım	
Post Office A	ddress										
city Schel	derod	e/Merelbeke <sub>tate</sub>		ZIP	9	820	)	Count	try	Belg	ium
Additional	invento	rs are being named	on the su	pplementa	Addition	al In	ventor(s) s	sheet(s) I	PTO/S	B/02A attac	hed hereto

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

#### **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Addition	nal Joint Inventor, if any	y:			A petitic	on has been file	ed for the	nis unsig	ned in	ventor
Given Na	me (first and middle [if any])	<u>)                                    </u>				Family Na	me or	Sumame	,	
Jasm	nine Elza				Via	ene				
Inventor's Signature								Date		
Residence: City	Gent	State			Country	Belgium		Citizens	ship	BE
Post Office Address	c/o University of	Gent,	K.L. L	.edeç	gancks	straat 35, B	-9000	) Gent	, Belç	gium
Post Office Address										
City	Varsenare	State			ZIP	8490	Countr	у Ве	lgiun	1
Name of Addition	nal Joint Inventor, if any	y:			A petitio	n has been file	d for th	is unsig	ned inv	entor/
Given Na	me (first and middle [if any])	,		$\perp$		Family Na	me or S	Sumame		
Marc	George				Logghe					
Inventor's Signature								Da	ite	
Residence: City	Gent	State			Country	Belgiur	n	Citize	nship	BE
Post Office Address	c/o University of C	3ent, F	<.L. Le	edeg	ancks	traat 35, B-	9000	Gent,	Belg	ium
Post Office Address										
City	StDenijs-Westrem	State			ZIP	9051	Cour	itry	В	elgium
Name of Addition	nal Joint Inventor, if any	<i>/</i> :			A petitio	n has been file	d for th	is unsigr	ned inv	entor
Given Nar	me (first and middle [if any])					Family Na	ne or S	Sumame		
Inventor's Signature								Da	ite	_
Residence: City		State		,	Country			Citize	nship	:
Post Office Address										
Post Office Address						_				
City		State			ZIP		С	ountry		

PTO/SB/02A (3-97)
sign (+) inside this box + + Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a ADDITIONAL INVENTOR(S) **DECLARATION** Supplemental Sheet Page 1 of 2 Name of Additional Joint Inventor, if any A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname D-α. Bart Jozef Maria Nelissen Inventor's so January 2001 Signature Date BE Belgium Beerse Residence: City Citizenship c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium **Post Office Address** Post Office Address Meerhout Belgium 2450 City State ZIP Country Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Sumame Marianne Denise De Backer Inventor's Signature Date Beerse Belgium BE Residence: City Citizenship c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium Post Office Address Post Office Address 92122 CA USA San Diego State ZIP Country Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Sumame Walter Herman Maria Louis Luyten Inventor's 10 January 2001 Signature 3-00 Beerse BE Belgium Residence: City Citizenship Country c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium Post Office Address

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

State

2300

Belgium

Post Office Address

Turnhout

Please type a plus sign (+) inside this box →

Please type	ap	olus	sign	(+)	inside this	box	->	+	
-------------	----	------	------	-----	-------------	-----	----	---	--

PTO/SB/01 (12-97)
us sign (+) inside this box 

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

L DE	<u>ULA</u>	RATION -		- Utility	or I	vesi	<u>gn</u>	Pate	ent A	(b)	plicati	<u>on</u>	j	
information w	hich is m	efit under 35 U.S.C. 120 lca, listed below and, ir nternational application aterial to patentability a f International filing date	ຫາແ asd	ine manner provi lefined in 37 CF	1060 by th R 1.56 w	ation(s), o of each one first pan hich beca	r 365(c of the c agraph ne ava	c) of any Po claims of the of 35 U.S. allable between	CT interna his applica .C. 112, I a ween the f	itional ation i ackno illing o	l application do is not disclose owledge the do date of the pri	esignating the d in the prior ty to disclose or application		
U	.S. Par	ent Application o	r F	PCT Parent						ent Patent		1		
		Number				(MM	/DD/	<u> </u>	-		(if applica	ble)	-	
		PCT international applic												
As a named in and Trademan	ventor, I I k Office c	nereby appoint the follow onnected therewith:	] c	Customer Numbe OR	er				<b></b>		Place Cus Number Ba	tomer ar Code	1	
<del></del>			16	Registered practi Registra		name/regi	stration	number li	sted below	<u> </u>	Labelh	ere Istration	4	
	Nam	ie	+	Numb		-		Nan	ne		N	umber	.]	
Steven F	) Rori	man	ı	24.7	770			Stark	1-44:		_\$2,495	_		
Andrea I			ı	24 <u>.7</u> 30.19سے		- 1		n C. Co A. Appo			_	4,140_	Ì	
		d practitioner(s) named								D (00)		,087	Į	
					egistereo	Practition	er into	rmation sn	eet P10/S	B/02	C attached he	reto.	ł	
				er Number ode Label				OR	X Cor	resp	ondence ad	dress below		
Name	Pr	nilip S. Johnson	p S. Johnson											
Address	Jo	hnson & Johnso	on	1							<del></del>		1	
Address	Or	ne Johnson & Jo	oh	nson Plaza	a							.,		
City	Ne	ew Brunswick				State		NJ	ZIP	0	8933-700	3	1	
Country	US	SA		Telephone	(732	) 524-	2359	)	Fax	(7	32) 524-2	2808	i	
punishable by	fine or in	I statements made her I further that these sta apprisonment, or both, ut t issued thereon.	าเคก	of my own kno	wledge a	e knowler	ine the	at willful fo	nents mad	nante	and the like i	o mada ara		
Name of S	ole or F	First Inventor:				☐ A pe	tition I	has been	filed for t	this L	insigned inv	entor		
		ne (first and middle (	(if a	any))		ļ			Name c		mame			
	Roland	Henri_						Con	treras	-				
Inventor's Signature		1									Date	114	JAN	20
Residence: (	City	9000 <u>Gent</u>	9000 Gent BE State Country Belgium Citizenship BE											
Post Office A	ddress	c/o Universit			L. Led			at 35,	B-9000	) Ge			]	
Post Office A	ddress		_										Ì	
city Schel	lderod	e/Merelbeke <sub>tate</sub>			ZIP	9	820		Count	ry	Belg	jium		
Additional	invento	rs are being named o	on i	the suppl	lementa	l Addition	al Inv	entor(s) s	sheet(s) F	PTO/	SB/02A atta		•	

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

#### **DECLARATION**

# ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_1\_ of 2\_

Name of Additional Joint Inventor, if any:												
Given Name (first and middle [if any])					Family Name or Sumame							
Bart Jozef Maria					Nelissen							
Inventor's Signature												
Residence: City	Beerse	State			Country	Belgium		Citizens	ship	BE		
Post Office Address	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium											
Post Office Address												
City	Meerhout	State	State		ZIP	2450 <sub>Cour</sub>		Belgiur		m		
Name of Additional Joint Inventor, if any:												
Given Na	Given Name (first and middle [if any]) Farnily Name or Surname											
Mariann	anne Denise // De Backer											
inventor's Signature	Moulis						1 17 2	11/4/2007 Date				
Residence: City	Beerse BE	State		Country		Belgium		Citize	nship	BE		
Post Office Address	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgiu											
Post Office Address												
City	San Diego	State	С	Α	ZIP	92122	Cou	ntry	U	SA		
Name of Addition	nal Joint Inventor, if a	ny:			A petitio	n has been file	d for th	nis unsigr	ned inv	entor		
Given Name (first and middle [if any]) Family Name or Surname												
Walter	Walter Herman Maria Louis						Luyten					
Inventor's Signature									Date			
Residence: City	Beerse	State		Country		Belgium		Citize	nship	BE		
Post Office Address	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium											
Post Office Address												
City	Turnhout	State			ZIP	2300	,	country	В	Belgium		

Please type a plus sign (+) inside this box ->

PTO/SB/02A (3-97)
sign (+) inside this box 

+ Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

#### **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

	Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor							
	Given Na	Given Name (first and middle [if any])				Family Name or Sumame							
5-00													
	Inventor's Signature	Oiaene								•	201/11/2001		
	Residence: City	Gent BE	State			Country	Belgium		Citizens	hlp	BE		
	Post Office Address	c/o University of Gent, K.L. Ledeganckstraat 35, B-9000 Gent, Belgium								gium			
	Post Office Address					_							
	City	Varsenare	State			ZIP	8490	Country	Bel	giun	1		
	Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor								
20	Given Name (first and middle [if any])				Family Name or Sumame								
o-00	Marc George					Logghe							
	Inventor's Signature									te	01/11/201		
	Residence: City	Gent BEX	State			Country	Belgiu	m	Citizen	ship	BE		
	Post Office Address	c/o University of Gent, K.L. Ledeganckstraat 35, B-9000 Gent, Belgium								ium			
	Post Office Address												
	City	StDenijs-Westre	m State			ZIP	9051	Coun	<sub>intry</sub> Belgiu		elgium		
	Name of Additional Joint Inventor, if any:  Given Name (first and middle [if any])					A petition has been filed for this unsigned inventor							
						Family Name or Sumame							
	inventor's Signature									e			
	Residence: City	esidence: City				Country			Citizenship				
	Post Office Address												
	Post Office Address												
	City		State			ZIP		C	ountry				

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

6-00